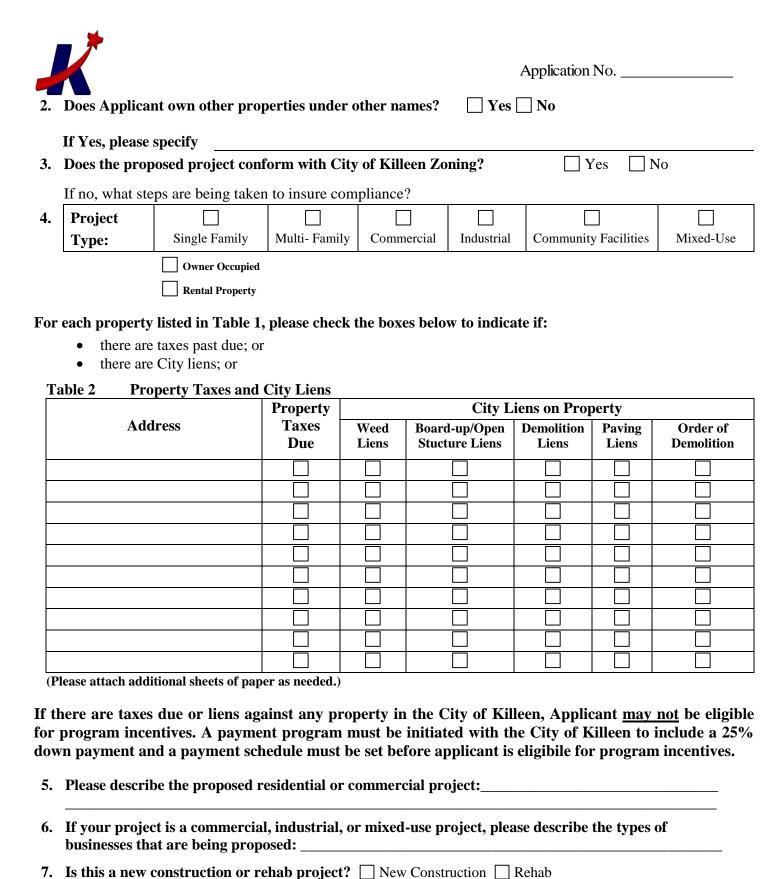


CITY OF KILLEEN NORTH KILLEEN REVITALIZATION PROGRAM

		PROJECT CE	ERTIFICATION APPLICA	TION		
I.	APPLICATION	CHECK LIST -	Please submit the following	documentatio	n:	
	•	application form				
	A list of all pr	roperties owned by the	Applicant property owner/devel	loper in the City	of Killeen	
	Proof of ownership, such as a warranty deed, affidavit of heirship, or a probated will OR evidence of site control, such as option to buy.					
	A reduced 11x17 floor plan, site plan, and site elevation with a written detailed project description that includes a construction time line					
	A detailed line	e item budget showing the cost breakdown for the project				
	A copy of Inc		or partnership agreement noting		artners, and agents a	ıs
RI TI	EQUIRED DOCUMENTE DATE OF APPLIC	NTS SHOWN IN THE CATION.	BE PROCESSED. CERTIFIC ABOVE CHECKLIST IS NOT			
II.	APPLICANT / A	AGENT INFORMA	TION			
	Applicant:	2. Contact Person:				
3.	Address:					
		Street	·	State Zip		
4.	Phone no.:		5. Fax No.:			
6.	Email:					
7.	Agent (if any)					
8.	Address:					
		Street	·	State Zip		
	Phone no.:		10. Fax No.:			
11.	. Email:					
	JECT ELIGIBILITY Please list the add		scriptions of the project and	other propert	ies Applicant own	ns in
	Killeen. Attach m	_	scription if no address or leg			
Tal	ble 1 Property	Ownership				
	Address	Zip Code Legal Description				
	(Project Location)		Subdivision Name	Lot No.	Block No.	
	than nuancutics s	ad in the City of Itil	oon continue on a conserva-	a about and atta	och if noosssam	
O	mer properties own	ea in the City of Kill	een - continue on a separate	e sneet and atta	ich if necessary.	



project?

8. How much is the total (re)development cost of your





III.	INCENTIVES - What incentives are you applying for?					
Development Fee Waivers						
	All building permit related fees (including Plans Review and Inspections)					
	Plat application fee (including preliminary plat, final plat, replat, and minor plat)					
	Zoning application fee (for properties seeking zoning change to fit current property use)					
	Demolition fee					
IV.	ACKNOWLEDGMENTS: I hereby certify that the information provided is true and accurate to the best of my knowledge. I understand that the approval of fee waivers and other incentives shall not be deemed to be approval of any aspect of the project. I understand that I am responsible in obtaining required permits and inspections from the City and in ensuring the project is located in the correct zoning district.					
I understand that my application will not be processed if it is incomplete. I agree to provide any additional information for determining eligibility as requested by the City.						
(PRINTED OR TYPED NAME) (AUTHORIZED SIGNATURE) (DATE)						
Signature must be owner or Managing Partner/President/CEO if property is owned by a Corporation or Partnership						
Please mail or fax your application to: City of Killeen Planning and Development Department 200 E Avenue D, Killeen, Texas 76541 Tel: (254) 501-7630 Fax: (254) 501-7628						
	Electronic version of this form is available on our website at www.killeentexas.gov .					

For Office Use Only Application Received Date: Application Completed Date: Project Type? Single family Multifamily Commercial Industrial Community facilities Mixed-Use Conform with Zoning? \square Yes \square No Legal Non-Conforming? \square Yes \square No Ownership/Site Control ? \square Yes \square No Estimated project completion date? Consistent with the plan? Yes No Tax current on this property? Yes No Tax current on other properties? Yes No City liens on this property? City liens on other properties? Yes No Yes No Certified? Yes No Certified by Date certification issued? If not certified, reason